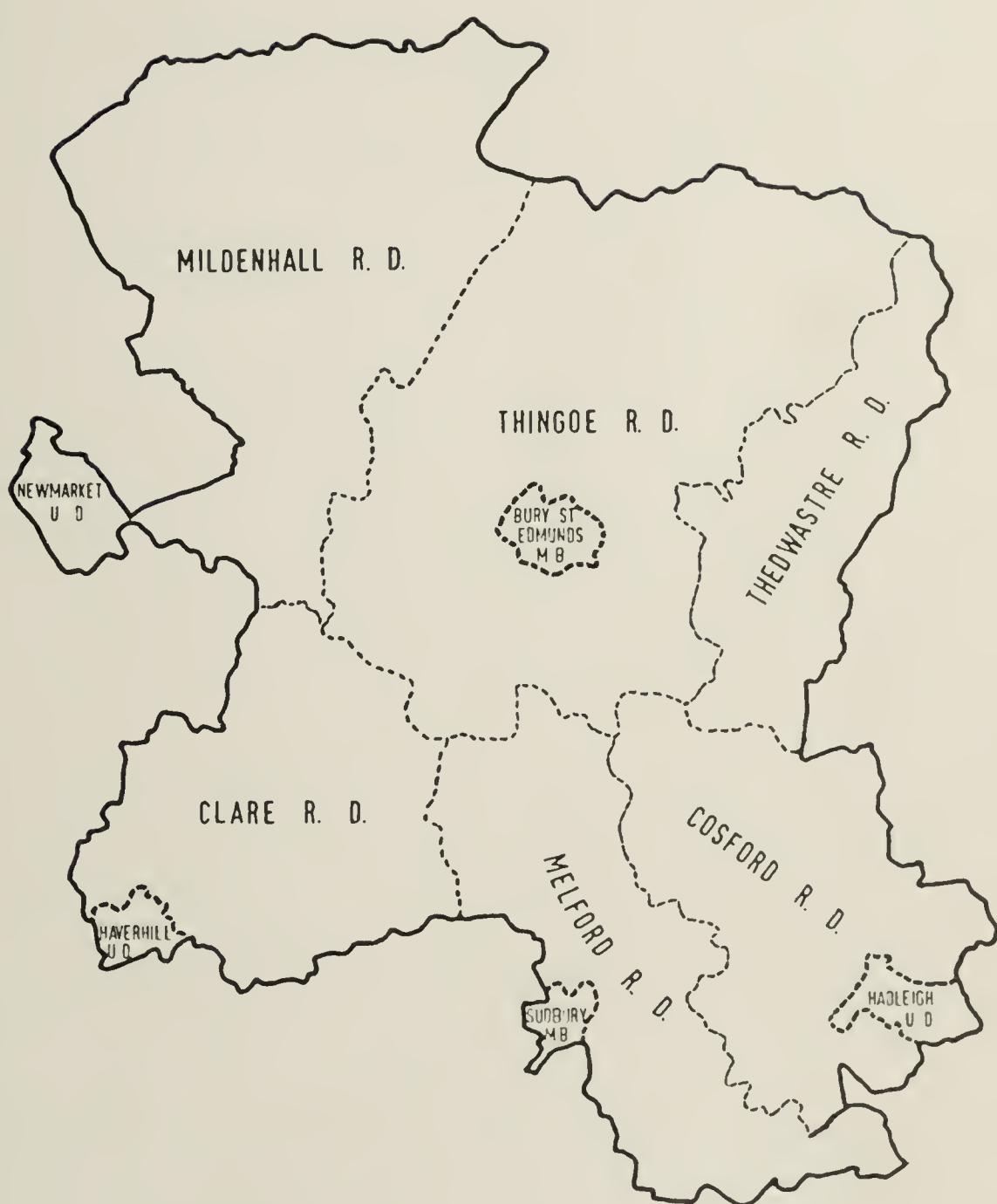




WEST SUFFOLK



ANNUAL REPORT

OF THE

MEDICAL OFFICER

OF HEALTH

FOR THE YEAR 1968

D. A. McCracken, O.St.J., M.D., D.P.H.



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WEST SUFFOLK COUNTY COUNCIL



Telephone Number:
Bury St. Edmunds 2281

Manor House,
Bury St. Edmunds.

To the Chairman and Members of the West Suffolk County Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the annual report for the County Medical Officer of Health dealing with the health and welfare services for the administrative County for the year ended 31st December, 1968.

The population of the administrative County again continues to increase, not only as the result of natural development but from the transfer into the County of population from the London area which is steadily progressing under the several schemes for various districts in the County. The estimated population as at 30th June, 1968, totalled 159,430 persons compared with 155,240 persons in 1967. These estimates take into account the births, deaths, inward transfers and outward transfers of population. The estimated increase is therefore 4,190. The birth rate again showed some diminution having dropped from 18.6 to 18.3. The infant mortality rate which is usually regarded as a delicate index of the social status and health of a community, was 17.8 as compared with 13.7 in 1967. The neonatal rate, that is to say the number of infants who died within the first four weeks of birth, the early neonatal (the first week of birth) and the perinatal rate, have all been 14.4, 12.7 and 26.3 as compared with 11.1, 10.1 and 12.2 in 1967. The total number of deaths for the area was 1,704, which resulted in a recorded death rate of 10.7. The degenerative conditions of the cardio-vascular system and cancer in its various forms contributed a high percentage of deaths. Deaths from cancer of the lung continued to be an increasing problem as 85 died (75 males, 10 females). All scientific and medical investigations show quite clearly that there is a close relationship between these deaths and the smoking of cigarettes. My health education officer and members of the field staff being acutely aware of the risks continually advise school children and youths of the dangers inherent in cigarette smoking.

I have never been altogether happy about the number of children who have been protected by the several immunization procedures or the method of recording. Young parents who have been immunized themselves against e.g. diphtheria in infancy have now forgotten and there is no reason why they should necessarily remember that in this country in 1941 when immunization against diphtheria was introduced that over 2,000 young children died from diphtheria. Today there is an occasional death and when investigated there has never been any proof that the child had been immunized. In order therefore to improve the level of immunization for all the preventable infectious diseases use will very shortly be made of the computer to record the immunization and the re-enforcing of the immune state by a system of automatically informing parents by post when the injections are due. The computer will repeat the request and will renew it until the child has had the necessary injections or its parents have made it quite clear that they do not wish to have the benefit of protection for their children. I think the Council should note that the introduction of this type of control has only been possible through the wholehearted co-operation of the local medical committee and general medical practitioners throughout the County.

Much time and thought has been devoted by many members of the staff towards the new concept of community medicine. The attachment scheme of nurses to general medical practitioners

has been well established. A difficulty which has arisen is due to the large distances nurses have to travel to deal with patients of a unit practice and until such times as there may be more clearly defined areas of practice then the non-productive consumption of nurses' time must be accepted. It may quite well be that modern methods of management may provide the solution. The development of the scheme in conjunction with the West Suffolk General Hospital Nurse Training School together with the co-operation of the medical practitioners in hospital and private practice has made it abundantly clear that this form of practice will develop in the future. The building of the new district general hospital at Hardwick Lane will do much to foster this new concept of nursing and medical care throughout the community and I hope to see this fully developed by the mid-seventies.

The second report on the fluoridation of water supplies in the United Kingdom which has just been published ("The Fluoridation Studies in the United Kingdom and the results achieved after eleven years". Reports on Public Health and Medical Subjects number 122. H.M.C. Stationery Office), brings up-to-date the present position in this country regarding fluoridation and particularly of its effects on the general health of the child population. Whilst the main interest and value of the report lies in the evidence it provides on dental value of fluoridation, it also deals with the general problem of the effect of fluoridation of water supplies on the general health of the individual and here its conclusion is quite categorical, "the position remains that after eleven years of fluoridation in this country and a much longer experience in North America there is no evidence of harmful effects from the fluoridation of water supplies at the recommended concentration". The dental findings are equally clear and dogmatic. They are based on the findings in Anglesey and Watford where the water supplies are fluoridated to one part per million and in Holyhead where fluoride concentration average is 0.7 p.p.m. Typical of the findings is the fact that in Watford the number of the decayed permanent teeth amongst the 8-10 year olds fell by one half compared by only one-fifth in the controlled area of Sutton. So far as temporary teeth are concerned over the age range of 3-7 years the average number of decayed fell by about two-thirds in Watford compared with one-third in Sutton. Most impressive of all however, are the findings of Kilmarnock where the Town Council stopped fluoridation of their water supplies in October 1962 having instituted it in April 1956. An analysis of the findings shows that there was an increase in the proportion of the 3-7 year olds free from dental decay during the period of fluoridation but, "by 1968 as a result of the cessation of fluoridation, the proportion free from decay approximated to the pre-fluoridation level of 1956." After eleven years the evidence is overwhelmingly in favour of fluoridation and vindicates the opinions expressed by the County Council in 1962 when a request was made to the Water Board that the fluorine content of the water supplied for human consumption should be adjusted to 1 p.p.m. I again record that it is very unsatisfactory that the Water Board have made no decision regarding the adjustment of the fluorine content of the potable water supplies throughout the County.

Miss Olive E. Payne, the Principal Nursing Officer retired this year thus bringing to an end a dedicated service of nursing particularly for the Queen's Institute of District Nursing and the County Nursing Association. The retirement of Miss Payne from the staff and also from the position as honorary secretary to the County Nursing Association does not mean that nursing will lose her experience or mature advice. She will be still playing her part in other spheres, particularly as a member of the West Suffolk Hospital Management Committee on which she was nominated by the Royal College of Nursing.

I acknowledge with a deep sense of gratitude the forbearance of the members of my Health and Welfare Committee who have supported my endeavours and that of my staff to provide a health and welfare service worthy of West Suffolk, which I hope will measure up to the demands in the seventies.

I have the honour to be,
Your obedient Servant,

D. A. McCRACKEN,

*County Medical Officer of Health,
Chief Welfare Officer.*

28th August, 1969.



STAFF

County Medical Officer of Health: Chief Welfare Officer:
D. A. McCracken, M.D., Ch.B., D.P.H.

Deputy County Medical Officer of Health:
Miss A. J. Rae, M.R.C.S., L.R.C.P., D.P.H. (to 31.12.68)

Senior Medical Officer:
A. M. Lush, L.R.C.P., M.R.C.S., D.C.H.(R.C.P.I.), D.(Obst)R.C.O.G., D.P.H. (to 31.12.68)

Assistant County Medical Officers of Health:
P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H.
A. F. Morgan, M.B., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (to 15.9.68)
E. Kinnear, M.B., Ch.B., D.P.H.
L. B. Gonzalez, M.B., Ch.B., D.P.H.

Consultant Adviser in Psychiatry (Part-time):
E. Beresford Davies, M.A., M.D., B.Chir., D.P.M.

Consultant Chest Physician (Part-time):
C. P. Hay, M.D., M.R.C.P., D.P.H.

Dental Surgeons:
S. H. Pollard, L.D.S. (Principal)
Mrs. S. Tribe, B.D.S., L.D.S.
E. Ferguson, M.B.E., L.D.S.
J. Dewar, L.D.S. (Part-time)
W. L. Norman, L.R.A.M., L.D.S. (Part-time from 19.8.68)

Principal Nursing Officer:
Miss O. E. Payne, S.R.N., S.C.M., H.V.Cert.

Superintendent Health Visitor:
Miss M. Ward, S.R.N., S.C.M., H.V.Cert.

Superintendent Home Nurse/Midwife:
Miss V. M. Hird, S.R.N., S.C.M., H.V.Cert.

Health Educator:
Mrs. S. Afnan, S.R.N., S.C.M., H.V.Cert., Dip.H.Ed. (to 30.9.68)

Speech Therapists:
Miss B. M. Elton, L.C.S.T.
Miss L. Lippiard, L.C.S.T. (from 4.9.68)
Mrs. J. J. B. Easdown, L.C.S.T. (Part-time)

Food and Drugs Act:

Chief Inspector—D. Thompson

Director of Welfare Services:

T. H. Higham, B.E.M., A.I.S.W.

Senior Social Worker:

A. E. Biggs

Social Worker:

Mrs. K. M. Stanley

Mental Health/Social Welfare Officers:

E. Brown

F. Crossley

M. D. Kidd

E. R. Lewis, S.R.N., O.N.D.

J. W. Pettit

R. J. Petrie (to 9.8.68)

K. Rice (from 1.10.68)

W. J. J. Tyrrell

D. M. Watkins

Senior Home Teacher of the Blind:

Miss N. D. Tree, A.I.S.W. (from 4.3.68)

Home Teachers of the Blind:

Miss M. R. Green

Miss J. de Naeyer (from 3.9.68)

*Junior Training Centres—**Bury St. Edmunds:*

Supervisor—Miss E. E. Brown

Sudbury:

Supervisor—Mrs. L. E. Wood

*Adult Training Centre—**Bury St. Edmunds:*

Manager—G. T. Elliston

Handicraft Instructresses:

Miss W. Gamble

Mrs. D. M. Norden

Mrs. F. E. Read

Ambulance Control Supervisor:

J. F. Petch

Chiropodists:

A. E. Colston, M.Ch.S.

Mrs. E. Marson (Part-time to 9.8.68)

S. Marper, M.Ch.S.

D. J. Chambers, A.Ch.S. (Part-time)

Mrs. A. H. Stonebridge (Part-time to 18.10.68)

Administrative Officer:

E. White

SUMMARY OF VITAL STATISTICS, 1968

Area of Administrative County	390,916 acres
Population Census, 1931	106,137
Population Census, 1951	120,652
Population Census, 1961	129,969
Population (Mid-year Estimate, 1968)	159,430
Rateable Value	£4,964,913
Estimated Product of a Penny Rate	£20,362

Live Births:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Population</i>
Legitimate	1,435	1,333	2,768	
Illegitimate	82	74	156	
	1,517	1,409	2,924	18.3

Percentage of illegitimate live births of TOTAL live births .. 5.3

Stillbirths:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Live and Stillbirths</i>
Legitimate	20	18	38	
Illegitimate	—	3	3	
	20	21	41	13.8

Total Live and Stillbirths:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	1,455	1,351	2,806
Illegitimate	82	77	159
	1,537	1,428	2,965

Deaths:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Population</i>
All causes	858	846	1,704	10.7

	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Live and Stillbirths</i>
Maternal (including abortion)	—	—	—

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 related live births</i>
Infant (under one year):				
Legitimate	29	19	48	17.3
Illegitimate	3	1	4	25.6
	32	20	52	17.8

Neonatal (first four weeks):

	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate	21	17	38	
Illegitimate	3	1	4	
	24	18	42	14.4

Early Neonatal:

	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate	18	16	34	
Illegitimate	2	1	3	
	20	17	37	12.7

Perinatal:

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Live and Stillbirths</i>
Legitimate	38	34	72	
Illegitimate	2	4	6	
	40	38	78	26.3

ESTIMATED POPULATION, BIRTH AND DEATH RATES

DISTRICT	ESTIMATED POPULATION	BIRTH RATES		DEATH RATES	
		Crude	Adjusted	Crude	Adjusted
<i>Borough and Urban Districts—</i>					
Bury St. Edmunds ..	24,460	18·4	18·0	13·5	10·5
Hadleigh	4,780	18·2	18·2	13·4	13·7
Haverhill	10,700	25·2	18·7	8·6	13·9
Newmarket	12,090	17·5	16·8	13·5	12·8
Sudbury	7,560	17·2	19·1	20·0	13·0
Totals ..	59,590	19·3	18·1	13·4	11·9
<i>Rural Districts—</i>					
Clare	10,570	16·2	18·1	9·9	8·6
Cosford	9,500	16·2	19·0	14·8	12·1
Melford	18,320	22·4	22·6	9·9	10·2
Mildenhall	29,620	16·7	17·5	5·9	9·5
Thedwastre	9,960	16·8	18·1	10·7	9·3
Thingoe	21,870	17·3	17·3	8·9	9·7
Totals ..	99,840	17·8	18·7	9·0	9·8
Grand Totals ..	159,430	18·3	18·5	10·7	10·7

CAUSES OF DEATHS IN ADMINISTRATIVE AREAS—URBAN AND RURAL DISTRICTS

Registrar General's Code	CAUSES OF DEATH	URBAN DISTRICTS						RURAL DISTRICTS						GRAND TOTAL FOR COUNTY	Registrar General's Code
		BURY ST. EDMUNDS	HADLEIGH	HAVERHILL	NEWMARKET	SUDBURY	TOTAL	CLARE	COSFORD	MELFORD	MILDENHALL	THEDWASTRE	THINGOE	TOTAL	
B.1	Cholera														B.1
B.2	Typhoid fever														B.2
B.3	Bacillary dysentery and amoebiasis														B.3
B.4	Enteritis and other diarrhoeal diseases														B.4
B.5	Tuberculosis of respiratory system									1				1	B.5
B.6	Other tuberculosis, including late effects			2			2	2				1		3	B.6
B.7	Plague														B.7
B.8	Diphtheria														B.8
B.9	Whooping cough														B.9
B.10	Streptococcal sore throat and scarlet fever														B.10
B.11	Meningococcal infection														B.11
B.12	Acute poliomyelitis														B.12
B.13	Smallpox														B.13
B.14	Measles														B.14
B.15	Typhus and other rickettsioses														B.15
B.16	Malaria														B.16
B.17	Syphilis and its sequelae														B.17
B.18	All other infective and parasitic diseases				1		1	1			2			3	B.18
B.19(1)	Malignant neoplasm—stomach	7	3	1	2	3	16	3	2	3	4		2	14	B.19(1)
B.19(2)	Malignant neoplasm—lung bronchus	18	4	3	7	3	35	4	3	12	9	7	15	50	B.19(2)
B.19(3)	Malignant neoplasm—breast	1	3	2	2	2	10	3	5	3	1	3	3	18	B.19(3)
B.19(4)	Malignant neoplasm—uterus	1			1		2	3	2		3		1	9	B.19(4)
B.19(5)	Leukaemia	1		1			2		1			1	1	3	B.19(5)
B.19(6)	Other malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissue	20	5	14	18	12	69	6	17	15	17	12	16	83	B.19(6)
B.20	Benign neoplasms and neoplasms of unspecified nature								2	2				4	B.20
B.21	Diabetes mellitus	3	1	2		1	7	1	1	1	2		1	6	B.21
B.22	Avitaminoses and other nutritional deficiency	1					1								B.22
B.46(pt)	Other endocrine, nutritional and metabolic diseases								1	1			1	3	B.46(pt)
B.23	Anaemias				2		2	1						1	B.23
B.46(pt)	Other diseases of blood and blood-forming organs				1		1		1		1			2	B.46(pt)
B.46(pt)	Mental disorders	2	2		1	2	7								B.46(pt)
B.24	Meningitis	1					1								B.24
B.46(pt)	Other diseases of nervous system and sense organs	3	1	1		1	6			1	1	2	4	8	B.46(pt)
B.25	Active rheumatic fever														B.25
B.26	Chronic rheumatic heart disease	3			1	1	5			1	3	1	1	6	B.26
B.27	Hypertensive disease	6	1		2	2	11	2	3	3	2	2	1	13	B.27
B.28	Ischaemic heart disease	61	17	19	52	44	193	22	32	42	35	20	39	190	B.28
B.29	Other forms of heart disease	14	6	12	5	4	41	5	15	12	8	3	10	53	B.29
B.30	Cerebrovascular disease	38	5	12	14	37	106	12	20	24	32	15	21	124	B.30
B.46(pt)	Other diseases of the circulatory system	8	3	1	6	7	25	2	4	7	5	2	12	32	B.46(pt)
B.31	Influenza	3	2		3	4	12	1	3	4	3	1	6	18	B.31
B.32	Pneumonia	93	3	4	10	14	124	13	12	16	11	15	32	99	B.32
B.33(1)	Bronchitis, emphysema	9	1	2	7	5	24	7	4	10	7	6	5	39	B.33(1)
B.33(2)	Asthma							1				1		2	B.33(2)
B.46(pt)	Other diseases of the respiratory system	5		3	1		9	4	2	3	5	2		16	B.46(pt)
B.34	Peptic ulcer	4				2	6	4		2	1	3	1	11	B.34
B.35	Appendicitis							1						1	B.35
B.36	Intestinal obstruction and hernia								3	1			2	6	B.36
B.37	Cirrhosis of liver				1		1			1				1	B.37
B.46(pt)	Other diseases of the digestive system		2	2	2		6	1		1	1			3	B.46(pt)
B.38	Nephritis and nephrosis	1	1		1		3				2		2	4	B.38
B.39	Hyperplasia of prostate	1					1				1	2		3	B.39
B.46(pt)	Other diseases of the genito-urinary system	2			1		3	1	1	2	2		2	8	B.46(pt)
B.40	Abortion														B.40
B.41	Other complications of pregnancy, childbirth and puerperium														B.41
B.46(pt)	Diseases of the skin and subcutaneous tissue														B.46(pt)
B.46(rem)	Diseases of the musculoskeletal system and connective tissue	2			3	2	7				1			1	B.46(rem)
B.42	Congenital anomalies	3		4	3		10	2	2			2	1	7	B.42
B.43	Birth injury, difficult labour, and other anoxic and hypoxic conditions	3	1	2		2	8			6	1	1	1	9	B.43
B.44	Other causes of perinatal mortality	1	1	1	1	2	6		2	2	1		3	8	B.44
B.45	Symptoms and ill-defined conditions			1	1		2				1	1	1	3	B.45
BE.47	Motor vehicle accidents	6		2	4		12	1	1	1	9		3	15	BE.47
BE.48	All other accidents	8	1		7		16	2	2	4	2	3	4	17	BE.48
BE.49	Suicide and self-inflicted injuries	1	1	1	3		6			1		1	2	4	BE.49
BE.50	All other external causes	1				1	2				1		1	2	BE.50
	ALL CAUSES	331	64	92	163	151	801	105	141	182	174	107	194	903	1,704

NATURAL AND SOCIAL CONDITIONS

Area.

There has been no change in the area of the Administrative County which remains at 390,916 acres.

Population.

The Registrar-General estimated the resident population for the mid-year to have been 159,430 persons as compared with 155,240 persons in 1967. The estimated population of children under fifteen years as at 30th June was 36,700 of which 13,800 were under five.

The natural increase in population, that is the excess of registered live births over deaths, totalled 1,220 persons as compared with 1,327 persons in 1967.

Mortality.

The total number of deaths assigned to the County by the Registrar-General after adjusting for outward and inward transferable deaths, was 1,704 (males 858, females 846) as compared with 1,558 in 1967. The total death rate based on the mid-year estimated population was 10.7 as compared with 10.0 in 1967. The Registrar-General's abridged list of thirty-six causes of death has been revised to accord with the eighth revision of International Classification of Diseases. The new list has been used for statistics relating to deaths in 1968 shown on page 7. Comparability factors for each urban and rural district have been provided by the Registrar-General for adjusting the local birth and death rates. These comparability factors, making allowance for age and sex distribution of the population, are handicaps to be applied to the several areas and when multiplied by the crude birth and death rates experienced in the area modify the latter so as to make them comparable with other rates which have been adjusted. These birth and death rates are shown in the table on page 6.

Heart diseases and other circulatory diseases accounted for 7.2% of all deaths while cancer and vascular lesions of the nervous system were responsible for 2.9% and 2.3% respectively. The number of deaths attributable to tuberculosis was 6 compared with 4 for 1967. Cancer of the lung and bronchus showed an increase and 85 deaths were attributed to this cause compared with 70 for the previous year.

The adjusted death rates for 1964–1968 with those for England and Wales for comparison, are:—

		1964	1965	1966	1967	1968
West Suffolk	..	10.7	10.2	9.7	9.7	10.7
England and Wales		11.3	11.5	11.7	11.2	11.9

Live Births.

The number of live births assigned to the County was 2,924 (1,517 males, 1,407 females); as compared with 2,885 in 1967. This was equivalent to a crude birth rate of 18.3 as compared with 18.6 for the previous year. The following table shows the trend of the adjusted birth rates which takes into account the age and sex composition of the community for 1964–1968 together with the national rates for comparison:—

		1964	1965	1966	1967	1968
West Suffolk	..	19.0	19.1	19.2	18.8	18.5
England and Wales		18.4	18.1	17.7	17.2	16.9

Stillbirths.

An infant, who has issued forth from its mother after the twenty-eighth week of pregnancy and has not at any time after being completely expelled from its mother breathed or shown any sign of life, is a stillborn infant. The number of stillbirths registered was 41 giving a rate of 13.8 per thousand related live and stillbirths as compared with 14.3 for England and Wales. The rates for the quinquennium 1964–1968 together with those for the country as a whole are as follows:—

	<i>1964</i>	<i>1965</i>	<i>1966</i>	<i>1967</i>	<i>1968</i>
West Suffolk ..	16.4	15.0	10.1	12.3	13.8
England and Wales	16.3	15.8	15.3	14.8	14.3

Infant Mortality.

The number of infants who died before attaining their first birthday was 52 (30 males and 22 females) as compared with 40 in 1967. The rate per thousand related live births was 17.8 as compared with 13.7 for the previous year. The rates for 1964–1968 together with those for England and Wales are as follows:—

	<i>1964</i>	<i>1965</i>	<i>1966</i>	<i>1967</i>	<i>1968</i>
West Suffolk ..	20.4	18.3	22.5	13.7	17.8
England and Wales	19.9	19.0	18.9	18.3	18.3

Neonatal Mortality.

This sub-division of the infant mortality rate includes all children who die within 28 days of independent existence. The neonatal death rates per thousand live births 1964–1968 were:—

	<i>1964</i>	<i>1965</i>	<i>1966</i>	<i>1967</i>	<i>1968</i>
West Suffolk ..	14.8	12.7	17.3	11.1	14.4
England and Wales	13.8	13.0	12.9	12.5	12.4

Early Neonatal Mortality.

This further sub-division of the infant mortality rate includes all children who die within seven days of independent existence. The rate per thousand related live births for 1968 was 12.7 compared with 10.1 for the previous year.

Perinatal Mortality.

This is the term used to determine the combination of stillbirths with deaths occurring during the first week of life. This rate is an indication of birth loss due to circumstances during pregnancy and events during labour and delivery. The following are the rates per thousand live and stillbirths for 1964–1968 together with those for England and Wales:—

	<i>1964</i>	<i>1965</i>	<i>1966</i>	<i>1967</i>	<i>1968</i>
West Suffolk ..	29.4	26.8	25.5	21.2	26.3
England and Wales	28.2	26.9	26.3	25.4	24.7

Maternal Mortality.

There were no maternal deaths.

CARE OF MOTHERS AND YOUNG CHILDREN

Health Visitors.

The work of this section has continued to expand and it was necessary to increase the establishment by two, to twenty-seven.

One student health visitor completed a training course and was awarded the certificate. The field work has increased, especially in the growing towns of Bury St. Edmunds, Haverhill and Sudbury, where the problems are such that a great deal of advisory work is needed to assist the newly arriving mothers settle in the different environment to which they have been used. This is very time-consuming but nevertheless productive in promoting child care. Two health visitors work as liaison officers with the West Suffolk General Hospital in connection with the pilot scheme of early discharge home of patients following operations. Also one health visitor acts as liaison officer with the Eye Department at the hospital.

The total number of visits paid was:—

Children 0—5 years	..	37,853
Expectant Mothers	..	1,333
Other cases, including 'Home		
Help' visits	.. ..	9,475
		<u>48,661</u>

The health visitors called on 1,457 persons aged 65 and over, including 410 at the special request of a general medical practitioner or hospital. They also visited 176 persons discharged from hospital of whom 163 were visited at the request of a medical practitioner or hospital consultant. Fifty-four households were visited and advice offered on account of infectious diseases. Total number of households visited was 15,872.

Post Graduate Training.

Ten health visitors attended a three day course at Ipswich on the early detection of deafness in young children. Six attended a normal health visiting refresher course. One attended a special course of instruction as a practical work instructor, two others attended a follow-up course of instruction for practical work instructors.

Student nurses from the West Suffolk General Hospital Nurse Training School have spent a day with the health visitors who have shown them as much as possible of their work in domiciliary visiting and clinic duties.

Care of the Aged.

Three health visitors work in liaison with the geriatric units of the West Suffolk (St. Mary's), Newmarket and Sudbury Hospitals respectively.

Child Health Clinics.

In addition to the four purpose-built health clinics at Bury St. Edmunds, Haverhill, Newmarket and Sudbury, there were 28 clinics including two at R.A.F. Stations (Honington and Stradishall), at the end of the year.

The total number of children who attended was 6,220, 1,787 were under one year of age, 1,731 between one and two years of age and 2,702 between two and five years of age. There were 1,258 children on the 'At Risk' Register in December.

Maternity and Nursing Homes.

There is one nursing home in the County—The Planche, Thurston—accommodating twenty-four patients. Regular inspections were made of this nursing home by the Principal Nursing Officer. There are no registered maternity homes.

Nurseries and Child Minders Regulation Act, 1948 (as amended by Section 60 of the Health Services and Public Health Act, 1968).

This new legislation, which came into operation on 1st November, 1968, necessitates the registration of *premises* (other than dwellings) where children under the age of five years are received to be looked after for more than two hours a day, and of *persons* who, for reward, receive into their homes children (unrelated to them) under five years. Before the amendment of this Act, registration was unnecessary for less than three children. As three months' period of grace was allowed before the enforcement of this section, the full impact of the increased number of registrations was not felt until early in 1969.

There were twenty-six nurseries providing accommodation for 564 children aged 2–5 years. All the nurseries except two were open for mornings only. There were eighteen daily minders caring for 163 children, of whom four cared for children for the full day and the rest for three hours a day. The nurseries are regularly inspected by the health visitors, and the amending legislation has increased their responsibility and work.

Relaxation and Mothercraft Classes.

Classes are now established at Bury St. Edmunds, Brandon, Hadleigh, Haverhill, Mildenhall, Nayland, Newmarket, Sudbury and Kedington. Attendance at these classes is continuing to increase. The number of mothers who attended was:—

Hospital booked	284
Domiciliary booked	218

making a total of 502. Total number of attendances 3,134.

Family Planning.

As reported last year, the powers and duties under the National Health Service (Family Planning) Act, 1967 have been further exercised. This service has been continued throughout the County by the Family Planning Association who have the use of the Health Clinics free of charge. A yearly grant of £300 has been made to the Association and notices are inserted in the press giving particulars of the clinics. Extra sessions are started as and when staff is available.

Clinics are held as follows:—

<i>Clinic</i>	<i>Frequency</i>	<i>Number of New Cases—1968</i>	<i>Total Number of Attendances—1968</i>
Bury St. Edmunds	2nd & 4th Wednesday mornings 1st, 3rd & 4th Tuesday evenings	198	1,286
Haverhill	Every Monday evening 1st Wednesday morning	76	772
Newmarket	1st & 3rd Wednesday mornings Every Wednesday evening	152	954
Sudbury	1st & 3rd Thursday mornings 2nd & 4th Thursday evenings	114	695
		<hr/> 540 <hr/>	<hr/> 3,707 <hr/>

Dental Care.

Mr. S. H. Pollard, the Principal Dental Officer, reports as follows:—

The Bury St. Edmunds clinic deals with the greater part of the dental inspection and treatment of mothers and young children in the County. It was therefore most unfortunate that activities at this clinic were curtailed by staff illness during 1968. As a result this branch of the dental service did not show the hoped-for expansion.

Dental health education is being continued by the displaying at clinics of the excellent range of posters now available. It is being arranged for dental officers to give talks to groups of parents as the opportunity arises. This will be facilitated by the use of new films and film strips which have been prepared by various bodies concerned with the subject.'

Dental Services for Expectant and Nursing Mothers and Children under 5 years.

<i>Part A. Attendances and Treatment.</i>					<i>Children 0-4 (incl.)</i>	<i>Expectant and Nursing Mothers</i>
Number of visits for treatment during year—						
First visit	..	..	..	..	47	2
Subsequent visits	..	..	..	..	82	9
Total visits	..	..	..	..	129	11
Number of additional courses of treatment other than the first course commenced during year ..					16	—
Treatment provided during the year—						
Number of fillings	..	..	..	..	60	—
Teeth filled	..	..	..	..	55	—
Teeth extracted	..	..	..	..	7	1
General Anaesthetics given	..	..	..	..	4	—
Emergency visits by patients	..	..	..	..	—	—
Patients X-Rayed	..	..	..	..	—	2
Patients treated by sealing and/or removal of stains from the teeth (Prophylaxis)	..	..	..	..	—	2
Teeth otherwise conserved	..	..	..	..	96	—
Teeth root filled	..	..	..	..	—	—
Inlays	..	..	..	..	—	—
Crowns	..	..	..	..	—	—
Number of courses of treatment completed during the year					27	1
<i>Part B. Prosthetics.</i>						
Patients supplied with F.U. or F.L. (first time)	..	..	..	..		1
Patients supplied with other dentures	..	..	..	..		1
Number of dentures supplied	..	..	..	..		4
<i>Part C. Anaesthetics.</i>						
General Anaesthetics administered by dental officers	..	..	..	..		—
<i>Part D. Inspections.</i>						
Number of patients given first inspections during year	..	..	..	..	76	8
Number of patients in A and D above who required treatment	..	..	..	..	49	7
Number of patients in B and E above who were offered treatment	..	..	..	..	49	7
<i>Part E. Sessions.</i>						
Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients—						
For treatment	..	..	..	..		20
For health education	..	..	..	..		—

Speech Therapy.

One full-time and one part-time speech therapist have worked throughout the year and a second full-time speech therapist was appointed in September. The speech therapy service has, therefore, not only been maintained but increased during 1968.

In all 25 pre-school children have been seen by the therapists during the year of whom 11 started school in 1968 and 3 others were discharged. More than half of the total number attended for direct and regular treatment, whereas in the other cases a suitable approach has been through some environmental control with advice and encouragement to parents in need of such support.

Care of Unmarried Mothers and their Children.

The satisfactory arrangements with the St. Edmundsbury and Ipswich Diocesan Board for Moral and Social Welfare have been continued. Thirty-six cases were referred to the Board and reports were received from the Moral Welfare Worker. The Council accepted financial responsibility for the maintenance of 16 unmarried mothers in suitable homes. In addition a grant of £300 was paid to the Board.

The Board have given considerable thought to the future arrangements which they will retain as their contribution to the problem of the unmarried mother. A Working Party was set up which has recommended the Board to set up a Church Social and Moral Welfare Centre in Ipswich and to the appointment of:—

- (a) A senior case worker
- (b) A second trained social worker
- (c) A trainee social worker
- (d) A full-time office secretary

It is proposed that the organising secretary will serve both the Diocese of Norwich and St. Edmundsbury and Ipswich. It is hoped to establish sub-offices in the County. These proposals coupled with the closure of the mother and baby home should bring up-to-date the provisions of the churches for moral welfare.

Care of Premature Infants.

A total of 155 premature births was recorded. Of the 22 infants born at home, 13 were nursed entirely at home and all survived the first month. Of the nine transferred to hospital, eight survived. Of the 133 born in hospital, 110 survived the first month.

Prevention of Break-up of Families.

Six-monthly meetings of the area case committees, supplemented where necessary by ad hoc committees, were held. During the year 31 families were considered, and of this number 12 cases were referred for the first time.

Ascertainment and Training of Young Children with Impaired Hearing.

The arrangements for the ascertainment and training of pre-school children with impaired hearing were continued. Attendance at an appropriate course is arranged for any health visitor newly appointed who is not already trained in this work.

WELFARE FOOD SERVICE

Welfare Milk Scheme.

The main centres at Bury St. Edmunds, Newmarket, Haverhill and Sudbury, continue to function. At 31st December there were 65 voluntary distribution centres.

The following issues were made:—

CENTRES	COMMODITY			
	National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin A. & D. Tablets Packets	Orange Juice Bottles
MAIN				
Bury St. Edmunds ..	2,314	463	735	9,993
Newmarket	2,119	137	212	3,010
Haverhill	1,957	130	371	3,872
Sudbury	618	196	207	3,651
TOTAL	7,008	926	1,525	20,526
VOLUNTARY	13,031	851	751	19,984
TOTAL ISSUES.. ..	20,039	1,777	2,276	40,510
TOTAL ISSUES (1967) ..	24,514	1,655	2,261	37,009

As in previous years the arrangements for the issue of welfare foods from voluntary centres continued. It gives me pleasure to express again my appreciation for the work done by these public spirited people.

Other Welfare Foods.

These foods, vitamin preparations and pharmaceutical products are available to mothers and young children through the Health and Welfare Department, Child Welfare Centres and health visitors. The following were issued:—

		1968	1967
Baby Cereal	.. ..	1,638 packets	1,740 packets
Vitamin preparations:—			
Vitamin C	.. ..	12,400 bottles	13,485 bottles
Vitamin A & D (Liquid)	.. ..	3,858 bottles	4,229 bottles
Vitamin B (Solid)	.. ..	5,291 tins	4,081 tins
Pharmaceutical Products:—			
Tablets for Nursing Mothers	.. ..	110 tins	79 tins

In addition to these, toothbrushes for children were available and 2,919 (2,130) were issued.

Cash receipts from all these commodities amounted to £1,804 (£1,724). The health visitors issued concessionary vouchers for proprietary foods.

MIDWIFERY AND HOME NURSING

The number of midwives notifying their intention to practise in the County during the year was 83. The number of cases attended was:—

Domiciliary Midwives	..	789
Hospital Midwives	..	<u>1,848</u>
Total ..	..	<u>2,637</u>

In addition there were 214 births at the U.S. Army Air Corps Hospital at Lakenheath.

The number of domiciliary confinements has again decreased but this is the national trend and reflects better selection of cases for admission to hospital. The number of maternity patients discharged early from hospital to the care of the domiciliary midwife has increased to 1,002 patients. As a trial in an attempt to provide continuity of care some domiciliary midwives are going into the hospital to deliver those of their patients admitted for delivery only. They have been considered unsuitable for home delivery, but are thought to be well enough to be discharged home soon after delivery. This is most acceptable to the patient and adds to the interest and work satisfaction of the midwives.

Phenylketonuria.

Since 1962 all babies in this County have been given a urine test by health visitors to exclude this severe but treatable disease. As from July 1968 this method has been replaced by a new and more accurate blood test called the Guthrie test, the blood samples being taken by midwives and health visitors with the agreement of the local medical committee. I am pleased to report that to date no case of phenylketonuria has been detected. It is of interest that West Suffolk was one of the first local health authorities to use the Guthrie test routinely.

Congenital Malformations.

The notifications of all cases of congenital malformations have continued and have shown an increase this year, fifty-six being reported, as against thirty-three in 1967.

Radio-Telephony.

A pilot scheme to explore the use of radio-telephony by domiciliary midwives has been introduced into the north of the County involving three midwives. It is too soon to assess the value of this method of communication although in this rural area it does appear to lessen the driving involved and decreases the number of return visits to various villages. It is thought that if it expanded to any degree it could lead to a better service and reduction in staff.

Sterilised Maternity Outfits.

Eight hundred and fifty packs costing 11s. 10d. each for domiciliary confinements and 216 small packs at 6s. 3d. for patients discharged early from hospital, or suffering from complications of midwifery, were supplied free.

Midwifery Training.

A second period midwifery training school was established within the West Suffolk General Hospital on 4th August, 1968. Six domiciliary midwives have been approved by the Central Midwives Board as practical teachers and the pupil midwives each spend one month at practical work on the district working in the homes of the patients, delivering the mothers and nursing them and their babies afterwards, under the direct supervision of the trained midwife. All pupil midwives who have been trained in Bury St. Edmunds so far have been successful in passing this examination and are now approved as midwives.

Refresher Courses.

Thirteen midwives attended statutory refresher courses. In addition lectures have been given to midwives and home nurses at their monthly staff meetings.

Housing for Nurses.

A bungalow at Stanton was completed and occupied.

Disposable Equipment.

The need for disposable equipment has grown with the more acute type of nursing now being undertaken within the home due to the recently introduced system of the early discharge home of patients from hospital following operation. Essential sterilised equipment is provided, i.e. syringes, catheters, mucus extractors and surgical gloves. This is part of an endeavour to provide as high a nursing standard at home as in hospital.

A recent report into safer sterilisation of nursing equipment has shown that the previously used methods of sterilising equipment in the patient's or nurse's home has been found to be inefficient, time consuming and unsafe.

Liaison Arrangements.

Representative midwives have attended regular meetings of the Maternity Liaison Committee at Bury St. Edmunds, Newmarket and Cambridge.

Incontinence Pads.

The use of these disposable under-pads continues to increase. The number of chronic sick people cared for at home is still rising and many more people are nursed at home during their terminal illness. It is for this type of patient and the severely physically handicapped that disposable draw sheets are such a comfort. These are also of assistance to the relatives who are helping to care for them, many of whom are elderly. Without this aid a number of people could not be nursed at home.

Hospital Discharges.

The pilot scheme of planned early discharge has proved so satisfactory that it has been extended and it now deals with the patients of four surgeons. The object of the scheme is to return the patient home as soon as he is well enough and thus reduce the hospital waiting list whilst in addition it provides a greater continuity of care for the patient. It is hoped that these trials will help to develop a new concept of community care which will evolve when the new hospital in Bury St. Edmunds is established. It is then expected that there will be a much greater collaboration between the hospitals and the local health services.

Home Nursing Service.

The total number of patients nursed was 3,533 of whom 1,710 were 65 years or over. The number of home nursing visits paid throughout the County totalled 79,674. 28,527 injections were given. Two hundred and thirty-three sick children were nursed at home, of whom 112 were under the age of five and 121 between five and fifteen years.

The arrangements for student nurses from the West Suffolk General Hospital to spend a day with the home nurses and midwives and attend mothercraft classes have continued and senior girls from the Silver Jubilee Girls' School have spent a morning with a district nurse or midwife in order to learn about the service.

Attachment of Public Health Nursing Staff to General Practitioner Surgeries.

All health visitors, midwives and home nurses based in Bury St. Edmunds are now working in attachment to doctors' practices. This method of working is liked by the staff involved and it has resulted in closer co-operation between the doctor and the nursing staff through the better communication which has almost eliminated the time-consuming telephone calls.

The one great disadvantage remains the additional driving resulting for the nurses as some of the doctors' practices extend far into the rural areas. One scheme of nurse attachment involving a five doctor practice in a country area is progressing well.

One other such scheme was abandoned after six months, chiefly due to the large area involved.

Further schemes of complete attachment of public health nursing staff are not envisaged at present, mainly for geographical reasons or because the doctors and nursing staff numbers in the area are disproportionate.

Where attachment is not possible attempts are made to arrange closer liaison between the health visitor, the midwife, the nurse and the doctors.

AMBULANCE SERVICE

Year	Grand Total		Ambulances		Sitting Case Cars		Taxis		Railway		Air	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
1963	62,961	637,719	17,430	151,140	45,408	478,203	3	46	120	8,330	—	—
1964	73,880	714,661	17,537	154,532	56,242	552,788	1	6	100	7,335	—	—
1965	79,809	785,342	16,846	165,744	62,854	613,176	19	199	90	6,223	—	—
1966	92,435	878,182	14,731	156,479	77,618	716,842	28	390	57	4,231	1	240
1967	109,094	1,029,316	17,405	166,345	91,578	858,168	56	498	54	4,095	1	210
1968	117,856	1,146,463	18,406	164,471	99,362	977,692	29	260	59	4,040	—	—

The average miles per patient was 9.5 as compared with 9.4 for 1967 and the total mileage for all patients in this service shows an increase of 10.2% on the previous year.

Ambulances.

The total mileage is a decrease of 1.1% from 1967. The average number of miles per patient was 8.9 compared with 9.6 for the previous year.

Sitting Case Cars.

The mileage given above includes both the Council's own vehicles and those of the Hospital Car Service. A mileage of 977,692 is an increase of 2.3% on the previous year. The average number of miles per patient was 9.8 compared with 9.4 for 1967. This mileage includes the conveyance of trainees attending the junior training centres at Bury St. Edmunds and Sudbury and also the adult training centre at Bury St. Edmunds. The total mileage incurred in transporting trainees to these centres was 308,996 or 29.8% of the total mileage under this head, which is recharged to the mental health services.

Taxis.

This form of transport is used solely for transporting school children when an ambulance is not required and shows a decrease on the previous year.

Railway.

A slightly increased number of patients were transported by rail compared with the previous year. Whenever practicable this type of conveyance is used for long journeys to distant hospitals when patients have to be admitted for specialised forms of treatment which are not available locally. The staff of the British Railways and the London Ambulance Service cannot be praised highly enough for the kindly assistance they afford our patients.

Hospital Car Service.

The demand on this service remains unabated. There were 50 registered drivers on 31st December. It is again a pleasure to express appreciation of the work done by the Hospital Car Service drivers.

Capital Programme.

A provision was made in the Council's programme for the building of ambulance stations at Hadleigh and Mildenhall in 1971/72.

General.

The table given above shows that the demands on the ambulance service remain unabated. With the introduction of an early discharge scheme with a consequent quicker turnover of beds the calls on the ambulance service were greater and it was possible, by co-operation with the hospital, to send home cases discharged in sitting case cars. With the retirement of the head ambulance driver arrangements were made for one man at each station to be designated ambulance station supervisor. These station supervisors will be responsible for the day-to-day running of the ambulance station. It is hoped that the creation of this graded rank will add to the efficiency of the service.

PREVENTION OF ILLNESS CARE AND AFTER CARE

Tuberculosis.

The arrangements for the supervision of tuberculosis patients continues. The number of notified cases of tuberculosis on the register at the end of 1968 was:—

		<i>Male</i>	<i>Female</i>	<i>Total</i>
Pulmonary ..	..	51	29	80
Non-Pulmonary	..	4	8	12
Total Cases	..	55	37	92

Particulars of the new cases of tuberculosis and of all deaths from the disease are shown below:—

NEW CASES					DEATHS				
Age Periods	Pulmonary		Non-Pulmonary		Age Periods	Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.		M.	F.	M.	F.
0-	—	—	—	—	0-	—	—	—	—
1-	—	—	—	—	1-	—	—	—	—
2-	—	—	—	—	2-	—	—	—	—
5-	—	—	—	—	5-	—	—	—	—
10-	—	—	—	—	10-	—	—	—	—
15-	—	—	—	—	15-	—	—	—	—
20-	1	2	—	—	20-	—	—	—	—
25-	5	—	—	—	25-	—	—	—	—
35-	—	—	1	—	35-	—	1	—	—
45-	1	1	—	—	45-	—	—	—	—
55-	3	—	—	—	55-	—	—	1	—
65-	2	—	—	—	65-	—	—	1	1
75+	—	—	—	—	75+	—	—	2	—
TOTALS	12	3	1	—	TOTALS	—	1	4	1

The total primary notifications of tuberculosis amounted to 16 (15 pulmonary, 1 non-pulmonary) as compared with 16 in 1967. The notification rates of pulmonary and non-pulmonary tuberculosis were 9.4 and 0.6 per 100,000 of the population respectively. The number of deaths represented 0.4% of all deaths, a very slight increase on 1967.

Since returns for a particular year may be misleading it is more valuable to consider the average figures for the past five continual five year periods which were as follows:—

<i>Period</i>	<i>RATES PER 100,000</i>			
	<i>Incidence</i>		<i>Deaths</i>	
	<i>Pulmonary</i>	<i>Non-Pulmonary</i>	<i>Pulmonary</i>	<i>Non-Pulmonary</i>
1944–48	84	28	6	8
1949–53	66	16	15	4
1954–58	23	8	5	0.5
1959–63	23	4	4	0.5
1964–68	12.7	4	2.4	1.2

Examination of Contacts.

One hundred and fifty-four contacts were invited for examination and 148 attended and were examined by the Consultant Chest Physician. The average number of contacts examined for each new case reported was 3.2.

After Care.

A total of 151 domiciliary visits were made by health visitors who continued to work in close liaison with the Consultant Chest Physician.

General.

As in previous years the Consultant Chest Physician was informed automatically of all newly notified cases. He is employed by the East Anglian Regional Hospital Board and 2/11ths of his time is allocated to and paid for by the Council, and by mutual agreement this arrangement will cease on 31st March, 1969.

Recuperative Holidays.

Twelve persons consisting of six debilitated women, one 'tired mother', a middle-aged couple suffering from chronic illness, and three children from problem families were sent for recuperative holidays. Four were admitted to St. Michael's Convalescent Home, Clacton-on-Sea, two to the W.R.V.S. Holiday Home, Felixstowe, three to The Hunstanton Convalescent Home, and the children to a house in the country under the care of the W.R.V.S.

Chiropody Service.

The County Council chiropodists treated 1,941 patients during the year, compared with 1,862 in 1967, but because of staff changes there was a slight reduction in the number of treatments given—8,624 as against 9,033 in 1967. All but 40 of the patients were aged persons (men of 65 and over; women of 60 and over).

The chiropodists held clinics at 33 centres, most being old people's clubs, and in addition they visited Homes for the Aged, both private and authority-maintained. They also visited groups of old people's dwellings. As much work as practicable was carried out at the purpose-built clinics at Bury St. Edmunds, Haverhill, Newmarket and Sudbury and by the end of the year that at Bury St. Edmunds was in use nearly every day. Nonetheless, 2,896 treatments were given to house-bound patients which was very time-consuming especially in scattered rural areas.

In June, 1968 the fee for each treatment was raised from 2/6d. to 3/6d. but, as before, patients receiving supplementary benefit from the Department of Health and Social Security were treated free of charge.

This service continues to be widely appreciated and it undoubtedly keeps many aged people reasonably active.

Medical Loan Depots.

The British Red Cross Society maintain Medical Loan Depots on behalf of the County Council. The Secretary reports that:—

‘During 1968 all depots have been extremely busy. Requests were the heaviest on record.’

MENTAL HEALTH SERVICES

Co-operation with the hospitals has continued during the year and the administration of the service has remained unchanged. The training of mental health workers has proceeded and there has been excellent co-operation from hospitals for the mentally ill with whom we continue to have close associations.

The mental health field work is in the main undertaken by twelve general purpose social welfare officers all of whom are designated as mental welfare officers. One welfare assistant is in the second year of his ‘Younghusband’ course and it is anticipated that two officers will be seconded to the course next year. We extend co-operation to Ipswich Civic College by accepting their social work students in the department for varying periods in order to enable them to gain practical experience of the mental health functions of a local health authority.

Junior Training Centres.

The centres at Bury St. Edmunds and Sudbury continue to function in a satisfactory manner and they both appear to be meeting the needs of the children, and the wishes of the parents. The staff of both centres maintain a close co-operation with the parents and helpful contact has continued with the branches of the National Society for Mentally Handicapped Children at Bury St. Edmunds and Sudbury. The staff of both centres attend annual refresher courses organised by the National Association for Mental Health in order to keep up-to-date with current trends in training.

Adult Training Centre.

The Adult Training Centre and Sheltered Workshop at Bury St. Edmunds completed a satisfactory year, and the work-field expanded. A wide range of jobs was undertaken and there is no doubt that all trainees have become more competent since attending. The range of work-jobs includes making apple boxes, wooden pallets, light engineering, assembly work, firework tubes, seed boxes, fencing panels, concrete blocks, finishing off aircraft passenger overnight bags, drilling rods for advertising signs and the covering of books for the County Library. There is thus a wide diversity of work for the whole range of low, medium and high grade handicapped adults.

In addition, the staff spend quite a period of time in dealing with social training and this forms an important part of the centre programme. The mid-day meal is prepared in the centre kitchen by a Cook/Instructor assisted by some of the trainees who are allocated to kitchen duty on a rota basis.

Home Visitation.

The visitation of the mentally subnormal and patients who are mentally ill is mainly undertaken by the mental welfare officer. Health visitors also carry out some visits. The total visits paid was 1,676; an increase of 259 over the previous year.

The mental welfare staff maintain a very close liaison with general medical practitioners and hospitals, relatives, employees and friends, and provide much support to patients who are suffering from mental illness or mental subnormality.

The social club for the mentally ill, known as the "Friday Club", is organised in Bury St. Edmunds by the British Red Cross Society and is held in their premises. The mental welfare officers took an increasingly active part in the meetings. The Council makes an annual grant to the Society towards the expenses of the Club and assists in transport. The membership has grown during the year and a varied programme of activities is organised.

An additional psychiatric social club has been formed at Newmarket and this meets in the Health Clinic at weekly intervals. Two of the mental welfare officers attend this club regularly and, after a slow start, it is growing in strength and is proving to be helpful to the members, giving them much needed support.

Admissions to Hospitals.

St. Audry's Hospital, Melton, near Woodbridge is the receiving hospital for most of the mentally ill patients from West Suffolk, although a few are admitted to Fulbourn Hospital, near Cambridge. Many patients are admitted to hospital informally by direct arrangements with their family doctors and in these situations the mental welfare officers are often involved, especially if there are social problems, or movable property to protect. The mental welfare officers are in fact called upon frequently by hospital medical and social staff to deal with social problems arising from admissions to hospital. They also provide, in increasing numbers social reports on patients, at the request of the medical staff of the hospitals.

The mental welfare officers were directly involved in the following admissions to hospitals:—

Mental Health Act—Section 25	19
Section 26	1
Section 29	47
Section 60	1
Informal	47
	<hr/> 115 <hr/>

On 31st December the following hospitals were accommodating mentally subnormal patients from West Suffolk as indicated:—

			<i>Male</i>	<i>Female</i>	<i>Total</i>
David Rice Hospital, Hellesden	..	..	1	—	1
Etloe House, Leyton	..	..	—	1	1
Harperbury Hospital, Hertfordshire	..	..	1	—	1
Ida Darwin Hospital, Fulbourn	..	..	10	1	11
Jane Walker Hospital, Nayland	..	..	—	11	11
Llanfrecha Grange, Monmouthshire	..	..	1	—	1
Little Plumstead Hospital, Norwich	..	..	17	26	43
Moss Side Hospital, Liverpool	..	..	—	1	1
Nursing Home for the Blind, London	..	..	1	—	1
Rampton Hospital, Retford	..	..	4	—	4
Risbridge Home, Kedington	..	..	40	38	78
Riversfield Home, St. Neots	..	..	5	3	8
Royal Eastern Counties Hospital, Colchester	..	..	31	30	61
St. Audry's Hospital, Melton	..	..	8	5	13
St. James Hospital, Saffron Walden	..	..	—	1	1
St. Joseph's Home, Sudbury	..	..	—	5	5
St. Mary's Convent, Roehampton	..	..	—	2	2
Stoke Park Colony, Stapleton	..	..	1	4	5
St. Mary's Hospital, Bury St. Edmunds..	..	..	5	—	5
South Side Home, London	..	..	—	1	1
Walnuttree Hospital, Sudbury	..	..	—	2	2
			<hr/> 125 <hr/>	<hr/> 132 <hr/>	<hr/> 257 <hr/>

The number admitted for long-term care to hospitals for the mentally subnormal were as shown below, the figures for the previous year being indicated in brackets:—

Mental Health Act—Section 26	—	(—)
Section 29	—	(—)
Section 60	1	(—)
Section 65	1	(—)
Informal	6	(5)
	<hr/> 8 <hr/>	<hr/> (5) <hr/>

Close co-operation has been maintained with the staff of the Ida Darwin Hospital at Fulbourn. The Consultant Psychiatrist has been most helpful in seeing patients at the request of

either their own doctors or County Council staff. This has frequently provided comfort and guidance to relatives and staff, and the advice which has been given has been greatly valued.

As at 31st December there were 21 patients on the waiting list for admission to hospitals for the mentally subnormal and of these three were classified as urgent. Short-term care was provided in hospitals for 17 patients, an increase of 9 over the previous year. A number of mentally subnormal persons receive pastime therapy at their homes from the Council's handicraft instructresses.

A total of 34 new referrals were received by the department during the year as compared with 36 in the previous year. These referrals came from general practitioners, hospitals, government departments, police and courts, local education authorities and other social work agencies, etc.

Future Developments.

The County Council has quite ambitious plans for the future development of the Mental Health Services but these will have to be reviewed periodically according to the national and local financial situation. All proposed projects will be kept under close consideration.

DOMESTIC HELP SERVICE

The demand for this service continues at a very high level, and we are fortunate that, except in the more remote areas, the supply of helpers generally keeps pace with the need. It is not always possible at the outset to send the most suitable helper to a particular case, but after a period of adjustment most applicants become attached to "their" home help. It is, perhaps, significant of the work involved in making these adjustments, that no less than 783 home helps were employed, although the number working during any one week was under 500.

At the end of the year the number of enrolled helpers was 791 of whom 503 were employed as compared with 747 enrolled helpers of whom 489 were working at the end of 1967. The number of households where domestic help was provided was 1,028 compared with 1,007 during 1967. Home help was given as follows:—

AGED 65 OR OVER ON FIRST VISIT IN 1968	AGED UNDER 65 ON FIRST VISIT IN 1968				TOTAL
	Chronic Sick and Tuberculous	Mentally Disordered	Maternity	Others	
912	44	1	42	29	1,028

PREVALENCE OF AND CONTROL OVER
INFECTIOUS AND OTHER NOTIFIABLE DISEASES

Infectious Diseases.

The following final notifications have been received from the District Medical Officers of Health:—

NOTIFIABLE DISEASE	COUNTY DISTRICT											TOTAL	
	BURY ST. EDMUNDS M.B.	HADLEIGH U.D.	HAVERHILL U.D.	NEWMARKET U.D.	SUDBURY M.B.	CLARE R.D.	COSFORD R.D.	MELFORD R.D.	MILDENHALL R.D.	THEDWASTRE R.D.	THINGOE R.D.	1968	1967
Scarlet Fever	3	4	1	—	21	6	9	40	2	4	—	90	97
Whooping Cough	10	1	10	—	7	3	2	25	13	—	4	75	66
Measles	249	2	123	52	11	68	75	36	66	37	127	846	2,078
Acute Pneumonia	1	—	—	—	48	—	1	39	—	—	—	89	41
Dysentery—Bacillary	—	1	—	—	—	—	—	—	—	—	1	2	2
Erysipelas	—	—	—	—	—	—	1	—	—	—	—	1	8
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	3
Food Poisoning	1	—	—	—	—	—	—	3	—	—	—	4	59
Puerperal Pyrexia	—	—	—	—	1	—	—	—	—	—	—	1	3
Infective Hepatitis	—	—	—	—	—	—	—	—	—	—	—	—	16

Vaccination.

The number of persons under 16 years of age vaccinated was as follows—the figures for the previous year being shown in brackets:—

	By County Staff		By General Practitioners	
Smallpox—				
vaccination	—	(—)	1,608	(1,752)
re-vaccination	—	(—)	212	(331)
Poliomyelitis				
initial course (1st year)	498	(1,081)	1,800	(2,113)
re-inforcing dose (school entry)	303	(379)	1,439	(1,314)
Whooping Cough				
initial course (1st year)	395	(886)	1,789	(2,080)
further dose (2nd year)	393	(530)	1,064	(1,069)
Diphtheria				
initial course (1st year)	404	(911)	1,824	(2,099)
further dose (2nd year)	397	(533)	1,118	(1,095)
re-inforcing dose (school entry)	295	(404)	1,441	(1,277)
Tetanus				
initial course (1st year)	404	(911)	1,975	(2,222)
further dose (2nd year)	397	(533)	1,125	(1,103)
re-inforcing dose (school entry)	296	(400)	1,792	(1,512)
Tuberculosis (B.C.G.)	1,111	(1,293)	—	(—)
Measles	234	(—)	1,513	(—)

Measles Vaccination.

Following a publicity campaign measles vaccination is available for all children. Vaccine manufactured by one firm, thought to be at risk, was immediately withdrawn.

HEALTH EDUCATION

The work of the Health Education Section continued to develop.

Many people engaged in routine health education—doctors, health visitors, midwives, dentists and chiropodists have taken advantage of the visual aids equipment available from the section, and the sound 16mm film projector, filmstrip and slide projectors, have been in constant use. Leaflets and posters, when appropriate, have also helped to contribute to the dissemination of knowledge on health topics.

The library of visual aids is under constant review, and is continually being extended and up-dated. Latest additions to the library include modern coloured filmstrips on “Good Health for You”, “Slimming for Youth”, “Safety for Your Baby” and “Keeping Well in Old Age”.

Apart from individual guidance and advice, many enquiries and requests for speakers to address groups, clubs and societies, on matters relating to health, have been received. These talks to the youth, scouts, women’s institutes, mothers’ clubs, and others have always been well attended, and the films and group discussions afterwards have been truly appreciated by the audiences.

Interest in health education in schools grows, and most of the secondary schools have been able to have some health education, in the form of short end-of-term courses for school leavers. These have covered such topics as “Preparation for Parenthood”, Boy/Girl Relationships, Drug Dependence, and the Sexually Transmitted Diseases. Visits to places of interest—Homes for the Elderly, First Aid Centres, Meals on Wheels, Adult Training Centre and hospitals have also been arranged, and these have stimulated considerable interest in the health of the community.

Mrs. Afnan resigned in September to take up an honours degree course, and Miss Veronica Blanchard was appointed to succeed her as from 1st January, 1969.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply.

The sampling of milk for all those services for which the County Council is responsible is carried out, under the supervision of the County Medical Officer of Health, by Mr. D. Thompson, the Chief Sampling Officer and Chief Inspector of Weights and Measures, and his staff.

The following samples were taken:—

NO. OF SAMPLES TAKEN	PHOSPHATASE TEST		METHYLENE BLUE TEST			FAILED BOTH TESTS
	Passed	Failed	Passed	Failed	Not Tested	
49	49	—	47	—	1	—

Dairies, other than Pasteurising Plants.

It is the further responsibility of the County Council as Food and Drugs Authority to inspect and sample at dairies other than pasteurising plants.

The number of premises for which licences were issued at the end of the year:—

Dealers' (Pre-packed milk) Licences	147
Dealers' (Pasteurisers) Licences	3
Dealers' (Untreated) Licences	1

The following tests were made:—

	PASSED	FAILED	INVALID OR NOT TESTED	TOTAL
Untreated:				
Methylene Blue ..	6	—	—	6
Pasteurised:				
Phosphatase ..	351	6	—	357
Methylene Blue ..	336	11	10	357
Sterilised:				
Turbidity ..	6	—	—	6
Ultra Heat Treated ..	12	—	—	12

Appropriate action was taken where the results were unsatisfactory.

Sale of Infected Milk.

Ten samples were taken from sellers of untreated milk for biological tests. No failures were recorded.

Milk in Schools.

By direction of the Department of Education and Science, from 1st September, 1968, only primary school children were offered one-third of a pint of milk free of charge on every school day. On a day chosen at random that month, 12,789 children had milk, representing about 89% of primary children present in maintained and private schools on that day.

The following samples were taken:—

	PASSED	FAILED	INVALID OR NOT TESTED	TOTAL
Pasteurised Milk:				
Phosphatase Test ..	118	—	—	118
Methylene Blue Test	112	3	3	118

The causes of the failures were investigated with the view of preventing recurrence.

Sampling at Institutions.

All samples of milk taken were satisfactory except one which failed the phosphatase test.

Food and Drugs Act, 1955.

The Chief Sampling Officer and his staff took 498 samples of which 47 were found to be adulterated or not up to standard (8 relating to milk, 8 to flour products and 31 to other foods).

Milk.

During the year only eight of the 267 samples taken were found to be unsatisfactory.

The number of complaints received concerning milk containing foreign matter showed an increase—a sign that consumers in West Suffolk are becoming more critical about foodstuffs supplied to them. Several firms concerned were cautioned. Another firm was fined £80 with £14 15. 0d. costs. One other complaint was unfounded.

Following two complaints about “watery” milk, samples were taken and tested but neither was found to have added water.

Other Foods.

A number of samples of flour taken were found to have excess chalk, one sample contained a slight deficiency.

Samples of other foods have been taken to check the accuracy of claims made on the labels of containers. In those cases where the labelling was faulty or incomplete, the firms concerned agreed to amend their labelling.

A sample of pork sausage was found to contain sulphur dioxide preservative though this was not declared. The butcher was cautioned.

A milk substitute imported from Canada had a list of ingredients described in unacceptable terms. The importer was contacted and importation has ceased.

A sample of chocolate liqueurs was found to contain a prohibited colouring matter. The importers promised to inform the French manufacturer of the analyst’s findings.

A sample described as “fried hamburgers in gravy” was found to contain 35% meat though the analyst was of the opinion that the type of article should contain at least 60% meat. The makers were informed and stated that they intended altering their products to conform to the Canned Meat Regulation which came into force on 31st May, 1968.

A number of complaints were received from purchasers all of which were investigated.

Sampling of Pesticide Residues.

Three samples were taken. All were found to contain pesticides. A sample of “canned” beef steak in gravy was found to contain traces of both D.D.T. and B.H.C. pesticides. Two samples, one of pork sausages, the other of beef, both contained traces of organic phosphorous.

Samples Taken.

					Number Taken	Number Adulterated
Biscuits	..	..	..	..	7	2
Butter	..	..	..	..	1	—
Cake Covering	..	..	..	..	1	—
Cereal Products	..	..	..	..	3	—
Condensed Milk	..	..	..	..	1	—
Cheese Products	..	..	..	..	6	—
Cocoa	..	..	..	..	1	—

					<i>Number Taken</i>	<i>Number Adulterated</i>
Coffee	..	..	..	..	1	1
Cream	..	..	..	..	1	—
Curry powder	..	..	..	..	1	—
Custard	..	..	..	..	1	1
Drugs	..	..	..	..	3	—
Fats	..	..	..	..	14	—
Fish Products	..	..	..	..	1	—
Flavouring	..	..	..	..	1	—
Flour and Flour Products	..	..	..	..	28	8
Food Colours	..	..	..	..	1	—
Fruit	..	..	..	..	9	1
Fruit Products	..	..	..	..	17	3
Fruit Juice	..	..	..	..	4	—
Gravy mix	..	..	..	..	1	—
Ground almond	..	..	..	..	2	—
Honey	..	..	..	..	1	—
Ice Cream	..	..	..	..	4	—
Intoxicating liquors	..	..	..	..	15	—
Jellies	..	..	..	..	3	2
Marzipan	..	..	..	..	3	—
Meat Products	..	..	..	..	20	10
Milk	..	..	..	..	187	8
Milk C. I.	..	..	..	..	80	—
Milk powder	..	..	..	..	2	—
Milk Products	..	..	..	..	7	—
Mincemeat	..	..	..	..	3	—
Oils	..	..	..	..	4	—
Pies	..	..	..	..	1	—
Peel	..	..	..	..	2	—
Pepper	..	..	..	..	1	1
Pickles and Sauces	..	..	..	..	2	—
Preserves	..	..	..	..	6	—
Pulses (peas and beans)	..	..	..	..	1	—
Puddings	..	..	..	..	2	1
Rice	..	..	..	..	1	—
Savoury Spreads..	..	..	..	..	1	—
Soft Drinks	..	..	..	..	14	2
Stuffing	..	..	..	..	1	—
Substitutes	..	..	..	..	1	1
Sugar	..	..	..	..	1	—
Sugar Confectionery	..	..	..	..	14	2
Sweetening Products	..	..	..	..	1	—
Syrups	..	..	..	..	1	1
Vegetable Products	..	..	..	..	6	2
Vegetables	..	..	..	..	2	1
Vinegar	..	..	..	..	6	—
					<u>498</u>	<u>47</u>

SOCIAL WELFARE

The Director of Welfare Services is responsible to the County Medical Officer of Health for the day-to-day administration of the social welfare services.

The field work is carried out by a senior social worker, eight general purpose social welfare officers and a woman social worker who mainly deals with family problems. A welfare assistant (trainee) is in his second year of training having been seconded to the two year Social Work Course at Ipswich Civic College. A further welfare assistant is undergoing in-service training within the department and is likely to be seconded to a Social Work Training Course next year. A close and harmonious association exists with Ipswich Civic College, and students from the college are received on practical placements for varying periods.

Services to the blind are provided by a senior home teacher and two home teachers of the blind. This is an improved staffing situation, the senior home teacher being a new appointment. All home teachers have the Certificate of the College of Teachers of the Blind.

Pastime therapy is provided for the various classes of the handicapped by three full-time instructresses who organise clubs and provide a domiciliary craft service. They convey work materials to handicapped people giving instruction in a variety of crafts and arranging the sale of the completed articles.

During the year 11,042 visits were paid to aged and handicapped persons:—2,958 to aged; 2,451 to blind and partially sighted; 121 to deaf and hard of hearing; 2,723 to the disabled

(other than the aged and deaf); and 2,789 to other persons included in home visitation. There are 1,084 persons on the Council's register of the handicapped, and the categories and age groups are:—

	0–15	16–64	65 and over	TOTAL
Blind	3	65	199	267
Partially Sighted.. ..	3	36	83	122
Deaf with Speech ..	—	9	1	10
Deaf without Speech ..	13	31	8	52
Hard of Hearing ..	—	12	21	33
Generally Handicapped ..	6	290	304	600
	25	443	616	1,084

General Classes.

Of the 600 classified as generally handicapped the following indicates their disabilities:—

Amputations	50
Arthritis and rheumatism	163
Congenital malformations and deformities	26
Diseases of the digestive and genito-urinary system, of the heart or circulatory system; of the respiratory system (other than tuberculosis) and of the skin	70
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	61
Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	178
Neurosis, psychosis and other nervous and mental disorders not included in organic nervous diseases	17
Tuberculosis (respiratory)	6
Tuberculosis (non-respiratory)	8
Diseases and injuries not specified above	21

Rate of ascertainment—6.2 per 1,000 of population.

The Council's policy of assisting handicapped people to live in their own homes by providing adaptations to the houses has continued. This has applied not only to District Council houses but to private dwellings as well. In a limited number of cases grants are made to housing authorities to provide special housing accommodation. Aids such as elbow crutches, special chairs, toilet seats, bath rails, hoists, walking frames etc. are provided on long term loan in increasing numbers to the aged and the handicapped.

Handicraft and social centres for the handicapped have for a long time been held in Bury St. Edmunds, Newmarket and Sudbury, and during the year a new centre was established at Lavenham. This is a combined venture of the Council and voluntary bodies and the membership includes several blind and partially sighted persons. As well as providing social activity the opportunity is taken at some of the centres of giving a limited amount of instruction in handicrafts. Club outings, dinners and parties are arranged. The bulk of the craft instruction is given in the homes of the aged and the handicapped but the disposal of completed articles is an increasing problem because of the larger quantity being produced, and more competition. The handicraft instructresses give some help and instruction to residents in Homes for the Elderly but there is little enthusiasm amongst the residents for this type of pastime.

Deaf and Hard of Hearing.

The Suffolk Mission to the Deaf and Dumb, which receives financial support from the Council, provides the main specialist services to the deaf and hard of hearing. The Mission administers its own premises in Bury St. Edmunds and is a quite well-staffed and administered organisation. The Council have representatives on the committee of management and there is a close association between the two bodies.

Blind and Partially Sighted.

During the year, exclusive of transfers from other areas, 30 new blind and 38 partially sighted persons were added to the register. The causes of the defects were as set out below:—

(i) Number of cases registered during the year with recommendations as follows:—	PRIMARY CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	9	4	—	24
(b) Treatment (medical, surgical or hospital supervision)	10	4	—	17
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	9	4	—	16

With the increased number of home teachers it has been possible to visit the blind and partially sighted on a more regular basis. The Council's close association with the West Suffolk Voluntary Association for the Blind has continued.

Welfare of the Aged.

The number of residential accommodation places occupied as at 31st December, 1968, was 395 as shown below. This was 27 more than applied to the previous year.

Angel Court, Hadleigh	48	Manson House, Bury St. Edmunds	3
Bristol House, Felixstowe ..	43	"Cloncurry", Felixstowe ..	2
Hazell Court, Sudbury	49	Home for Epileptics	4
North Court, Bury St. Edmunds ..	58	The Martins, Bury St. Edmunds ..	1
Place Court, Haverhill	42	Other Voluntary Homes	19
South Court, Bury St. Edmunds ..	45	Sue Ryder Home, Cavendish ..	6
The Glanely Rest, Exning	54	Maintained in other local authorities' homes	10
The Red House, Sudbury	11		

The progressive lowering of the physical and mental standards of those admitted has continued during the year and this creates a considerable strain on the staff. Nevertheless it has been possible to maintain the staff of the homes to a satisfactory standard. The scheme for the provision of short-term care to enable relatives to take a holiday or a welcome break was extended and many more old folk were accommodated. This is a most useful service and is much appreciated by those relatives who have the care and responsibility of their elderly relatives. It is hoped that it will be possible to further extend this scheme.

Towards the end of the year notification was received from the Department of Health and Social Security that loan sanction would be forthcoming in the current financial year for the erection of the new home for the elderly at Shakers Lane, Bury St. Edmunds. This will contain 57 beds.

Three bungalows in the grounds of South Court, Bury St. Edmunds are provided as temporary accommodation for evicted or homeless families. All the bungalows were occupied during most of the year, although there was a small turnover of families. Every attempt is made, in co-operation with all other social agencies, to avoid admitting families to temporary accommodation and in this connection much co-operation is received from the housing authorities in the County. These authorities were visited by County Council officers in groups to discuss the Council's rent guarantee scheme, temporary accommodation and intermediate accommodation, arising from Circulars 20/66 and 19/67. The series of meetings was followed by a conference attended by District Council representatives and various social agencies, on the same subjects, which was held at the Athenaeum, Bury St. Edmunds and was addressed by Dr. Catherine H. Wright of Sheffield, Mr. M. G. Speed, County Welfare Officer, Devon, and Mr. D. Fox, Housing Adviser of the Ministry of Housing and Local Government.

The social workers hold regular meetings at different parts of the County to discuss, and attempt to produce solutions, to the difficulties which arise with problem families, and those who are threatened with eviction.

Registered Homes in the County.

There are 11 registered homes accommodating 202 persons in total, and these are subject to regular visitation.

Special Housing for the Aged.

Housing authorities have, over the years, been encouraged to develop special housing schemes for elderly people, with a warden. In these schemes welfare facilities are provided—central heating, communal facilities etc.—and the County Council makes annual grants to the housing authorities to cover the cost of these welfare features. These schemes, which serve a most useful purpose, and enable old people to remain in the community longer than they would normally be able to do, are rapidly growing and the Council's financial obligation has increased to a formidable figure. The total grants in the new year are likely to amount to over £20,000.

General Welfare of the Aged.

All the social welfare officers of the department have a "mixed" case load including elderly people who are known to be "at risk" and who need an eye kept on them to ensure their well-being. Home visits to these persons are paid as and when considered desirable. Persons who are on the waiting list for admission to residential accommodation are also regularly visited and if there are signs of deterioration their admission is arranged, if possible, on their priority classification adjusted in accordance with their physical and mental state.

Voluntary Organisations.

The many voluntary organisations in the County gave a considerable amount of help and support in dealing with the numerous problems connected with the aged and handicapped. For example, the Women's Royal Voluntary Service organised eleven "meals on wheels" schemes through which they provided some 38,000 hot meals. Generally the meals are provided twice weekly and the schemes are supported financially by the district councils as well as by the County Council. Two new schemes were inaugurated at Clare and Mildenhall.

West Suffolk Old People's Welfare Association continued to provide excellent supporting services for the old people of the County. This organisation undertakes many types of service, particularly in the development of clubs and the organisation of holiday schemes. There are some 80 clubs in the various villages and towns and the Council contributes to the Association's work by an annual grant. In addition grants are made to individual clubs when there is financial need for support from public funds. The Association inaugurated a Day Centre for elderly people at Walsham-le-Willows which is in the nature of a pilot scheme. It is possible that this centre will be transferred to Bury St. Edmunds in 1969. The Council has plans for the development of purpose-built Day Centres during the course of the next few years.

Members of the staff of the department gave talks to representatives of voluntary organisations on various aspects of their work. It is felt that this does enable the services which are available for the aged and handicapped, to become more widely known and increasingly used.

